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## BIB DATA SHEET

CONFIRMATION NO. 5095

<b>SERIAL NUMBER</b> 10/500,567	<b>FILING or 371(c) DATE</b> 06/30/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 3003-1147	
<b>APPLICANTS</b> Jeremy Marshall, Oxford, UNITED KINGDOM; Rury Reginald Holman, Oxford, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/00071 01/10/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0200444.8 01/10/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CHRISTOPHER KOHARSKI/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  UNITED KINGDOM	<b>SHEETS DRAWINGS</b>  7	<b>TOTAL CLAIMS</b>  12	<b>INDEPENDENT CLAIMS</b>  1
<b>ADDRESS</b> YOUNG & THOMPSON 209 Madison Street Suite 500 Alexandria, VA 22314 UNITED STATES					
<b>TITLE</b> Medical injection devices					
<b>FILING FEE RECEIVED</b> 680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		